

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

12M1/0314

EDWARD H. GORMAN, JR.
ABBOTT LABORATORIES
D-377, APED
100 ABBOTT PARK ROAD
ABBOTT PARK, IL 60064-3500

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

09/12/95

04/25/96

019

FAN, J

1203

03/14/96

First Named Applicant

KEMPF

DALE J.

TITLE OF INVENTION

RETROVIRAL PROTEASE INHIBITING COMPOUNDS

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1 4631 US.C4

514-365.000

U76

UTILITY

NO

\$1250.00

06/14/96

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 STEVEN R. CROWLEY

2

3

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UT01301 04/22/95 08123387

01 0025 010 142

1 250.00CH

WT04302 04/22/96 08423387

01 0025 040 561

30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

ABBOTT LABORATORIES

(2) ADDRESS: (CITY & STATE OR COUNTRY)

ABBOTT PARK, ILLINOIS

6a. The following fees are enclosed:

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

4/12/96

A. ☒ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p>EDWARD H. GORMAN, JR. ABBOTT LABORATORIES D-377, AP6D 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064-3500</p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/423,387	04/25/95	019	EAN, I	03/14/96
First Named Applicant				

TITLE OF INVENTION
 RETROVIRAL PROTEASE INHIBITING COMPOUNDS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
4681 US.C4	514-365.000	076	UTILITY	NO	\$1250.00	06/14/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 STEVEN R. CROWLEY 2 3

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: ABBOTT LABORATORIES		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
(2) ADDRESS: (CITY & STATE OR COUNTRY) ABBOTT PARK, ILLINOIS		6b. The following fees should be charged to:	
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		(ENCLOSE PART C)	
		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10 <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input checked="" type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <i>Steven R. Crowley</i> (Date) 4/12/96	

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Commissioner of Patents and Trademarks

Washington, D.C. 20231

on APRIL 12, 1996

(Date)

SHARON M. WILLIS

(Name of person making deposit)

(Signature)

(Date)

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PART C—CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

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100 ABBOTT PARK ROAD
ABBOTT PARK, IL 60064-3500

12M170314

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
02/423,387	04/25/95	019	EAN, I	1203 03/14/96
Inventor Named Applicant KEMPF, DALE J.				

TITLE OF INVENTION

RETROVIRAL PROTEASE INHIBITING COMPOUNDS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 4681-US-C4	514-265.000	1176	UTILITY	NO	\$1250.00	06/14/96

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(Authorized Signature)

Steven R. Crowley

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